

Single-dose Treatment of Gonorrhoea with Penicillin or Thiamphenicol and its effect on *T. pallidum* in Experimental Syphilis. D. PETZOLD (*University Dermatological Clinic and Policlinic, München, Germany*)

Despite the decreased sensitivity of gonococci to penicillin, the results of prolonged treatment show that the activity of this antibiotic is still sufficient.

The venerological literature of recent years includes numerous reports on 'single-dose treatment' or 'one-shot therapy' and it has been shown that the efficacy of this therapy is related to the antibiotic employed. We have obtained good results by administering intramuscularly in a single dose:

(a) Sodium penicillin G 3.6 m.u. plus Chemizol penicillin 0.4 m.u.

(b) Thiamphenicol 2.5 g.

In our trials the failure rate for (a) was 8.2 per cent. and for (b) 5.9 per cent.

Data in the literature indicate that a single-dose treatment of gonorrhoea may also cure a simultaneously acquired syphilis. We have undertaken animal experiments in order to investigate the effect of such therapy on *Treponema pallidum*, and the results have shown that a continuous serum level above 0.03 units penicillin/ml. or above 2.0 µg./ml. thiamphenicol over a period of about 24 hrs will cure experimental syphilis very early in the incubation period.

Results of the 'Minute' Treatment of Gonorrhoea.

A. SIBOULET (*Saint Louis Hospital, Department of Urology, Paris, France*)

Gonococcal infections are greatly increasing in frequency, and now constitute one of the main problems of public health. The fact that this disease is communicable after a short period of incubation, that men may transmit infection before the appearance of symptoms, and that infected women may be asymptomatic makes the eradication of gonorrhoea extremely difficult.

The individual treatments now at our disposal, given a correct choice of antibiotic, are still effective, as shown by two examples from a survey of over 26,000 cases.

(1) Using a single oral dose of 2.5 g. thiamphenicol, with 7,910 patients treated from 1961 to 1970, we have observed only 1.6 per cent. of failures;

(2) Using penicillin 'retard', administered in a single intramuscular dose of 3 m.u. in 2,040 cases treated

from 1961 to 1970, we recorded only 0.54 per cent. of failures.

But we have to combat a double ignorance: that of the patient who neglects prophylaxis for himself or for his partner, and that of general practitioners who often forget that gonococcal infections can easily be cured if the correct treatment is prescribed at an early stage.

Treatment Practices in Gonorrhoea in the United Kingdom. R. R. WILLCOX (*Consultant Venereologist, St. Mary's Hospital, London, England*)

A report is given of the results of a survey made in 1969 of the current practices in the management of gonorrhoea in the United Kingdom, in which 101 venereologists working in 206 clinics participated: 56.5 per cent. of the clinics were open for 6 hours or less each week.

In clinics operating for more than 10 hours weekly smear results were available at the first attendance in 98 per cent. of male and in 91 per cent. of female clinics, compared with 79 and 67 per cent., respectively, of clinics operating for less than 10 hours each week. Cultures in addition to smears were made in all cases in 59 per cent. of male clinics and in 96 per cent. of female clinics. The results were considered to be marginally better when direct plating, rather than transport medium, was used.

Penicillin alone was used in approximately four out of five of male clinics, while penicillin reinforced with other drugs was more often used in female clinics. Aqueous procaine penicillin was the type of penicillin most generally used. There was little support for discontinuing the use of penicillin in the hope that the gonococcus would again become sensitive to this antibiotic.

There was also little support for giving prophylactic treatment when there was no clinical or epidemiological evidence of infection; this was done routinely in less than 1 per cent. of clinics. However, treatment was given to females on epidemiological grounds as a routine in 22 per cent. of clinics and, in selected cases, in 47 per cent. In only 31 per cent. of clinics was this procedure never adopted, and when clinical evidence was added in addition the proportion in which it was never used fell to only 24 per cent.

*Two varieties of penicillin without procaine are available in France: benethamine penicillin 600,000 u. plus sodium penicillin 400,000 u. (Biclinocilline 1 m.u.) and penicillin G 800,000 u. plus benzathine penicillin 200,000 u. (Penextilline 1 m.u.)